CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

MAR 3 0 2009

A Public Document GOVERNOR'S OFFICE Please type or print in ink. LEGAL AFFAIRS (MIDDLE) NAME (LAST) (FIRST) DAYTIME TELEPHONE NUMBER (916) 445-4571 Macedo Jeff STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS CITY MAILING ADDRESS STREET (May use business address) State Capitol Sacramento CA 95814 jeff.macedo@gov.ca.gov 4. Schedule Summary 1. Office, Agency, or Court Name of Office, Agency, or Court: ► Total number of pages including this cover page: ____ Office of the Governor Division, Board, District, if applicable: ► Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the Your Position: attached schedules: Deputy Press Secretary Schedule A-1 Yes - schedule attached ▶ If filing for multiple positions, list additional agency(ies)/ Investments (Less than 10% Ownership) position(s): (Attach a separate sheet if necessary.) Schedule A-2 Yes - schedule attached Investments (10% or greater Ownership) Schedule B Yes - schedule attached Position: ___ Real Property Yes - schedule attached Schedule C Income, Loans, & Business Positions (Income Other than Gifts 2. Jurisdiction of Office (Check at least one box) and Travel Payments) X State Schedule D ☐ Yes - schedule attached County of _____ Income - Gifts ☐ City of _____ Schedule E X Yes - schedule attached Income - Gifts - Travel Payments Multi-County _____ -or-Other ____ No reportable interests on any schedule 3. Type of Statement (Check at least one box) Date: ____/___ ☐ Assuming Office/Initial 5. Verification Annual: The period covered is January 1, 2008, I have used all reasonable diligence in preparing this through December 31, 2008. statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any O The period covered is ____/___, through attached schedules is true and complete. December 31, 2008. I certify under penalty of perjury under the laws of the State Leaving Office Date Left: ____/___ of California that the foregoing is true and correct. (Check one) O The period covered is January 1, 2008, through the March 30, 2009 date of leaving office. Date Signed ____ -or-

O The period covered is ____/___, through

Election Year: ____

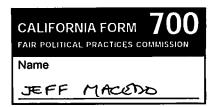
the date of leaving office.

☐ Candidate

t with your filing official.)

Signature _

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

► NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:
▶ NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one)
DESCRIPTION: